



The social, emotional, and health needs of the older person maintaining a home
by Evelie Mae Bakken Lipszyc

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University

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Abstract:

This was a descriptive field study in which twenty-three people between the ages of sixty-five and ninety were interviewed in order to assess what they viewed their social, emotional, and health needs to be. This was done by asking forty-three questions during a personal interview. Data was gathered pertaining to satisfaction with physical environment, activity preferences, interpersonal relationships, health and financial problems, and adjustment to perceived problems.

The data was analyzed and then compared to the results obtained from a study done by a M.S.U. graduate nursing student, Karen Ward, in which the social and emotional needs of nursing home patients had been identified.

Significant findings of this study were: 1. Satisfaction with living arrangements was generally high.

2. Activity preferences centered around home activities.

3. Social contact was greater among friends than among relatives.

4. Seventy percent of those interviewed relied upon friends or community services for help in grocery shopping.

5. Twenty percent of respondents are currently using the Meals On Wheels or Walk In Meals Programs on a regular basis.

6. Sleep difficulties were found among sixty-five percent of those interviewed.

7. Twenty percent admitted to financial worries.

8. Eighty-six percent had chronic health problems and seventeen percent reported dental problems.

9. The majority of respondents had their activities restricted due to poor health but appeared to have satisfactorily adjusted to these restrictions.

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PERSON MAINTAINING A HOME

by

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A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF NURSING

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December, 1976

ACKNOWLEDGEMENTS

The writer wishes to express her sincere appreciation to Virginia Felton, Associate Professor of Nursing, and Phyllis Hillard, Associate Professor of Nursing, for their support, encouragement and assistance throughout this study as chairwomen of the examining committee.

The writer also wishes to thank Milly Gutkoski, Assistant Professor of Nursing, Nancy Chandler, Assistant Professor of Nursing, and Dr. Del Samson, Professor of Sociology.

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ABSTRACT

This was a descriptive field study in which twenty-three people between the ages of sixty-five and ninety were interviewed in order to assess what they viewed their social, emotional, and health needs to be. This was done by asking forty-three questions during a personal interview. Data was gathered pertaining to satisfaction with physical environment, activity preferences, interpersonal relationships, health and financial problems, and adjustment to perceived problems.

The data was analyzed and then compared to the results obtained from a study done by a M.S.U. graduate nursing student, Karen Ward, in which the social and emotional needs of nursing home patients had been identified.

Significant findings of this study were:

1. Satisfaction with living arrangements was generally high.
2. Activity preferences centered around home activities.
3. Social contact was greater among friends than among relatives.
4. Seventy percent of those interviewed relied upon friends or community services for help in grocery shopping.
5. Twenty percent of respondents are currently using the Meals On Wheels or Walk In Meals Programs on a regular basis.
6. Sleep difficulties were found among sixty-five percent of those interviewed.
7. Twenty percent admitted to financial worries.
8. Eighty-six percent had chronic health problems and seventeen percent reported dental problems.
9. The majority of respondents had their activities restricted due to poor health but appeared to have satisfactorily adjusted to these restrictions.

CHAPTER I

INTRODUCTION

Many of the aged in our society are "forgotten citizens" without the personal or financial resources to meet their emotional and social needs. The number of elderly persons in relation to the total population is steadily growing. In 1900, the 65 and over age group represented 3 percent of the population whereas in 1970 this group represented 10 percent of the total population. Control of communicable diseases, advances in health care, economic growth with better sanitation and more adequate nutrition along with a declining birth rate have contributed to the increasing number of elderly people which we find in society today.

Although this increase in life expectancy has brought many rewards, it has also brought problems. In less industrialized societies where people are less mobile and have the extended family for support, the elderly have a place in society and are looked after and cared for by relatives. In a highly industrialized society such as the United States, the elderly often are lacking a place in society. A high rate of geographic and social mobility is forever nibbling away at the extended family resulting in the aged having to rely upon themselves or the state when they develop difficulties in coping with the problems of daily living.

STATEMENT OF THE PROBLEM

A large number of our senior citizens are living at poverty levels, depending on social security or small pensions for their support. Low income, often declining health, and decreased mobility due to physical limitations or lack of transportation make it difficult for the elderly to adequately meet their social, emotional, and health needs.

In this study, the researcher has solicited data in an attempt to identify some of the emotional, social, and health needs of the elderly living at home. The results of this study will then be compared with the results of Karen Ward's 1976 study in which she identified social and emotional needs of nursing home patients. Karen Ward received a Master's in Nursing from Montana State University in March, 1976. For her graduate thesis, she interviewed twenty-three people in a Bozeman convalescent home in order to identify their social and emotional needs.

OBJECTIVES OF THE STUDY

This study proposes to identify specific social, emotional, and health needs of the elderly with the hope that better care can be planned for and given to this group of people. Individual health professionals could use this knowledge in considering the type of problems

which senior citizens encounter and this knowledge could also be used in the community planning of programs for the aged.

A second purpose of this study is to compare the social and emotional needs of the elderly living in private homes in the community to the elderly living in an institutional setting. It would be interesting to see how the needs of these two groups of people are similar or differ as well as provide practical information for the planning of programs for these groups of people.

DEFINITION OF TERMS

For the purposes of this study, the elderly are defined as persons 65 years of age and older.

LIMITATIONS OF THE STUDY

Persons interviewed in this study cannot be viewed as being representative of people over 65 since the sample in this study is by necessity small and was not selected at random. It is also difficult to make general statements about people over the age of 65 since this encompasses such a diverse age group in which there are great differences among people having the same chronological age.

ASSUMPTIONS

It is assumed that people interviewed in this study will express their true feelings and opinions.

A second assumption is that the needs and problems identified in this study will be fairly representative of many older people.

CHAPTER II

REVIEW OF LITERATURE

In reviewing the literature, the researcher sought to identify characteristics of the aged as depicted by statistical information. Also reviewed was literature pertaining to studies relating to the social, emotional, and health needs of the aged and recommendations for planning to better meet these needs.

According to the 1970 census, there are 20 million older Americans (11.6 million women and 8.4 million men) with a 60 year range from ages 65 to 125. Most of the women are widowed; the men, married. Forty percent of the aged live in nonmetropolitan areas with 5 percent on farms and 35 percent in towns. Of those living in metropolitan areas, the majority are living in the cities with the younger people in the suburbs.¹

Five percent of the aged live in institutions. Of the remaining 95 percent, 5 percent are housebound with chronic illnesses. 67 percent live in family situations (33.2 percent male, 34.37 percent female), 24.5 percent live alone (6.1 percent male, 18.4 percent female), and 3.2 percent live in other group quarters such as boarding

¹Bert Kruger Smith, Aging in America (Boston: Beacon Press, 1973), p. 18.

houses (2 percent female, 1.2 percent male).²

Over 60 percent of the aged own their own homes with 80 percent of these mortgage free, but high taxes make it difficult for some to stay in their homes. Thirty percent of the elderly live in substandard housing. Thirty percent of the elderly have incomes below the poverty level.

Of the 7.2 million families with heads of 65 or over in 1970, half had incomes of less than \$5,053. The picture is even grimmer for the single older person. Of the 5.8 million of them living alone or with non relatives, half had incomes of less than \$1,951, less than half of that of the under 65 individuals.³

There is a stereotype of the older person as weak, feeble, helpless, dependent, poor in memory, and emotionally useless in a youth-oriented and achievement-oriented culture. This stereotype is incorrect since less than 5 percent of persons over 65 require some degree of custodial care.

By far the greatest number of studies on the aged population of necessity have been done with institutionalized people in nursing homes and hospitals; this unfortunately has enlarged the myth that old people are identified as sick people.⁴

²U.S. Department of Housing and Urban Development, Older Americans: Facts About Incomes and Housing (Washington, D.C.: Government Printing Office, 1973), p. 5.

³Smith, op. cit., p. 19.

⁴Martin A. Berezin, "Psychodynamic Considerations of Aging and the Aged: An Overview," The American Journal of Psychiatry, June, 1972, p. 1483.

Old people should not be treated collectively as a unitary group or amorphous mass, but individually as unique persons who vary greatly in their capacities, potentials, aspirations, and needs.⁵

Although it's unfair to generalize when discussing aged individuals, statistics give us some information about the aged as a group. The incidence of suicide rises with age. Although the aged rank at the bottom for suicide attempts, they rank at the top for actual suicides. Twenty-five percent of all suicides occur in the over 65 age group which accounts for 10 percent of the total population. Depression occurs more with advancing age and some elderly persons may unconsciously be ready to die. "In fact it has been found that men live an average of only two and one-half years after retirement from their jobs."⁶

In the U.S. the problems facing the elderly are compounded by the high mobility of the general population. The older person who stays in a fast changing district finds one day that he has become a stranger in his own neighborhood. He feels lonely and alienated. . . . Partly because of these factors of mobility, denial and youth cult, there is little place for the older person in the contemporary family; the three generation household has disappeared.⁷

⁵J. E. Wallace Wallin, "The Psychological, Educational and Social Problems of the Aging as Viewed by a Mid-Octogenarian," Journal of Genetic Psychology, March, 1962, p. 4.

⁶G. V. Laury, "Some Reflections on Aging in the U.S.," Geriatrics, May, 1973, p. 180.

⁷Ibid., p. 178.

Patterns of mobility may have made the three generation household obsolete, but some studies indicate that relationships between old people and their children and kinsmen increase as old people call upon family for help in coping with the larger society.

Contrary to some of the stereotypes about the rejected old person, there is considerable contact between old parents and their adult children. Even though the residential family may consist of only one person, the modified extended family remains an important part of the older person's life.⁸

Although a separate dwelling pattern appears to predominate in urban areas for the most part, we are unable to conclude that intergenerational interdependence has been replaced by independence, isolation, and neglect for the majority of aged persons.⁹

Loneliness, reduced financial status and poor health in the aged may leave them with a diminished self-image and purpose which in turn can precipitate mental health problems.¹⁰ Unresolved emotional problems from earlier in life, can forcefully appear in the aged during times of crises when their defenses are down. "Old emotions - never die; nor do they fade away. Instead they may remain, buried and near forgotten, only to rise again at unexpected times of life."¹¹

⁸Gordon F. Streib, "Old Age and the Family," Ethel Shanas, (ed.), Aging in Contemporary Society (Beverly Hills: Sage Publications, 1970), p. 31.

⁹Robert Guy Brown, "Family Structure and Social Isolation of Older Persons," Journal of Gerontology, April, 1960, p. 173.

¹⁰Smith, op. cit., p. 60.

¹¹Ibid., p. 103.

Adjustment in old age has been found to be linked to marital status, educational attainment, home ownership, and activity patterns.¹²

Studies of factors related to adjustment in old age leave much to be desired, but they tend to emphasize the importance of positive self-images and age, identifications, being busy and occupying significant roles (e.g., employed, married), having varied social contacts and activities, and being oriented toward the future. Health is an important factor, as is also socioeconomic status.¹³

Similar findings were discovered in a study done in Missouri.

Those persons who appeared to be most contented with themselves and . . . with the higher scores tended to have a youthful self-conception, good health and higher income than did those with lower scores. The well-adjusted were more frequently married than widowed or single, although this was primarily true for men rather than for women. The better adjusted had a higher degree of social participation, both in informal contacts with friends and neighbors as well as in formal associations such as religious organizations, social and civic groups. Contacts with children or siblings showed no close relationship to adjustment scores and seemed to be less important than those with friends and neighbors. Those lacking contacts with their families, however, were so few that comparisons were not very conclusive. Finally,

¹²David O. Moberg and Marvin J. Taves, "Church Participation and Adjustment in Old Age," Arnold M. Rose and Warren A. Peterson (eds.), Older People and Their Social World (Philadelphia: F.A. Davis Company, 1965), p. 119.

¹³James E. Birren (ed.), Handbook of Aging and the Individual (Chicago: University of Chicago Press, 1959), p. 893.

those who took a favorable view of the community and their place in it tended to be definitely better adjusted than those who were more negative in their outlook.¹⁴

Studies relating religion to adjustment in old age have consistently shown that church attendance and other indicators of religious interests and values are related to better personal and social adjustment in the aged.¹⁵

Transportation has also been found to be linked to adjustment in the aged.

Older persons having personal transportation available to them have higher life satisfaction scores than those older persons not having transportation available for their use. However, the consequences of transportation differentials for life satisfaction are somewhat greater for the aged whose residences are more distant from the centralized resources, facilities, and services of the community.¹⁶

In one study, higher morale was found among those living in an age-integrated community than those living in an age-segregated retirement community.¹⁷ The age-segregated community does offer the

¹⁴C. Terence Pihbald and Robert L. McNamara, "Social Adjustment of Elderly people in Three Small Towns," Rose and Petersen (eds.), op. cit., p. 71.

¹⁵Moberg, op. cit., p. 114.

¹⁶Stephen J. Cutler, PhD., "The Availability of Personal Transportation, Residential Location, and Life Satisfaction Among the Aged," Journal of Gerontology, July, 1972, p. 388.

¹⁷Houshang Poorkaj, "Social-Psychological Factors and Successful Aging," Sociology and Social Research, April, 1972, p. 299.

advantage of providing for the association of people with similar interests and problems. Studies suggesting the desirability of one type of community over the other have been inconclusive.

One way which sociologists measure life satisfaction among the elderly is by using the individual's level of social participation as a criteria of measurement.

The other point of view focuses upon the individual's internal frame of reference, with only secondary attention given to his level of social participation. Here the variables to be measured have been the individual's own evaluations of his present or past life, his satisfaction, or his happiness. The assumptions are, whether or not explicitly stated, that the individual himself is the only proper judge of his well-being; that the value judgements of the investigator can thus be minimized and, perhaps most important, that it is not appropriate to measure well-being in old age by the same standards that apply to middle age, namely, standards based upon activity or social involvement.¹⁸

In reviewing literature about the aged, I found many authors referring to Disengagement Theory. This theory, initially appearing in 1961, was based on data which Elaine Cummings and William E. Henry collected on the elderly in Kansas City.

Disengagement theory, as initially phrased, proposes in rough outline a severing of ties between a person and others in his society, a reduction in available ego energy, and a change in the quality of those ties remaining..It proposes that the changing quality of remaining ties may stem from an altered basis in the person for the reception and initiation of social events. We have suggested that this changed basis in the person resides essentially

¹⁸Bernice Neugarten, PhD, Robert Havinghurst, PhD, and Sheldon Tobin, M.A., "The Measurement of Life Satisfaction," Journal of Gerontology, April, 1961, p. 34.

in a realignment of the relation of inner events to outer events in such a manner that the former take on an increasing centrality, that interiority becomes increasingly important.¹⁹

According to M. Elaine Cummings, in disengagement,

....freedom from obligation replaces the constraint of being needed in an interlocking system of divided tasks. The fully engaged man is, in essence, bound; the disengaged man is free--if he has resources and health enough to allow him to exercise that freedom.²⁰

One author suggests that "the process of disengagement is a unique adjustment mechanism which tends to be universally employed by the aged in their attempts to cope with internal and external pressures."²¹ Knowledge of disengagement theory can help a nurse to use a more therapeutic approach with the elderly. The nurse should understand that disengagement on the part of a geriatric patient may be the ego's first line of defense which if broken down may be replaced with psychiatric symptoms.²²

A public health nurse did a study in a low socio-economic area

¹⁹ William E. Henry, "Engagement and Disengagement: Toward a Theory of Adult Development," Robert Kastenbaum, PhD., (ed.), Psychobiology of Aging (New York: Springer Publishing Co., 1965), p. 23.

²⁰ M. Elaine Cummings, "New Thoughts on the Theory of Disengagement," Robert Kastenbaum, PhD., (ed.), New Thoughts on Old Age (New York: Springer Publishing Company, 1964); p. 8.

²¹ Frances B. Arje, M.A., "Disengagement, A Review of the Theory and its Implications for Rehabilitative Nursing With Geriatric Patients," The Nursing Clinics of North America (Philadelphia: W. B. Saunders Company, June, 1966), p. 238.

²² Ibid., p. 239.

of New York City in which she found disengagement of the elderly along with poor morale of the group. She attributed the elderly's withdrawal from the world around him to widowhood, retirement, and role loss.²³ In one study it was found that older people who voluntarily withdrew from social interaction in society had higher morale than the involuntarily withdrawn.²⁴

"Whether disengagement is initiated by society or by the aging person, in the end he plays fewer roles and his relationships have changed their quality."²⁵

According to figures compiled by the National Health Survey, two out of five older persons are limited by chronic conditions, in contrast to one in twenty under age forty-five.²⁶ Among the aged, "diseases are often multiple and superimposed, atypical, chronic, and progressive, with episodes of acute exacerbation."²⁷

Dr. Michael DeBakey, along with some others, feels that with

²³Rhoda L. Levine, "Disengagement in the Elderly - Its Causes and Effects," Nursing Outlook, October, 1969, p. 28.

²⁴Marjorie Fiske Lowenthal, M.A., and Deitje Boler, B.A., "Voluntary Vs. Involuntary Social Withdrawal," Journal of Gerontology, July, 1965, p. 371.

²⁵Cummings, op. cit., p. 11

²⁶Smith, op. cit., p. 46.

²⁷Manuel Rodstein, M.D., "Health Problems of the Aged," RN, August, 1972, p. 43.

proper knowledge by the doctor and patient, many of these chronic conditions can be prevented. According to him: "We know that perhaps 70 percent of the patients who have had strokes in the past, developed the stroke for reasons that are now known to be correctible."²⁸

Dr. Emerson Walden is concerned about the number of elderly with chronic conditions who can't get into the health care system unless they develop an acute illness requiring immediate attention.²⁹

Anthony Wiener thinks we could give better care to the aged with more efficient use of our resources and more use of paraprofessionals.³⁰

The presence or absence of so called nursing needs among the elderly is not related to just the severity of the person's illness. Some of the sickest and most debilitated people have relatively few unmet nursing needs because of the presence of helping people in the immediate environment. Some other relatively free of pathology have needs which are overwhelming because they have no one to count on for

²⁸ Margaret Abrams and Barry Robinson, (eds.), National Leaders Speak Out on Options for Older Americans, Prepared for the 1971 White House Conference on Aging by the National Retired Teachers Association and the American Association of Retired Persons.

²⁹ Ibid., p. 55.

³⁰ Ibid., p. 62.

help.³¹ As Ethel Shanas states, "Many people are in nursing homes who could be rehabilitated at home and could be kept at home if there were somebody to do it."³²

Receiving adequate nutrition is a health problem for many of the aged. "Increasing evidence points to nutrition as a major factor in the aging process."³³ For a variety of reasons, many of the elderly do not have adequate diets. Living alone; inability to prepare foods, depression, nutritional ignorance, inadequate dentition, and financial insecurity render the old person liable to malnutrition.³⁴

Many mental and social maladjustments among the aged are socially produced and can be prevented or overcome. One octogenarian recommends that mandatory retirement be changed and that those older people who are willing and able, be allowed to continue in productive employment. He additionally recommends that vocational training and recreational facilities be available to the aged.³⁵

³¹Doris Schwartz, B.S., M.A., R.N., and Barbara Henly, B.A., M.S.W., and Leonard Zeitz, B.A., M.A., The Elderly Ambulatory Patient: Nursing and Psychosocial Needs (New York: The Macmillan Company, 1964), p. 192.

³²Abrams and Robinson, op. cit., p. 61.

³³Mary Margaret Lane, "Nutrition and the Aging Process," Nursing Homes, August, 1972, p. 19.

³⁴Ivan M. Sharman, "Nutrition for the Elderly," Nursing Mirror, February, 1972, p. 44.

³⁵Wallin, op. cit., p. 42.

Aging is no longer only a family issue. The community has become the family unit and in the planning of communities, the elderly should be integrated into the community instead of being put in special geriatric ghettos.³⁶ Many older people will undergo changing needs of health care which involves complex problems of financing, community planning, and the development of professionally skilled people.³⁷

Having a family nurse as a primary health care provider has proved to be an effective means of providing for the elderly in a part of rural Appalachia.

To show responsible concern for the delivery of the health care for the aged of rural America, one must first get to know them--not through statistical data, which describes the masses, but through personal contact.³⁸

One way in which nurses might help to provide better care for the elderly is with nurse-directed ambulatory geriatric clinics located in senior citizen housing complexes. In Cleveland, there is such a clinic staffed with an R.N., L.P.N., a secretary, and a part time voluntary medical consultant. The clinic provides for a health appraisal consisting of a medical history, psychosocial assessment, general history of other needs, and screening examinations.

³⁶ Abrams and Robinson, op. cit., p. 34.

³⁷ Ibid., p. 64.

³⁸ Gertrude Isaacs, M.P.H., D.N.Sc., "Health Care of the Aged in Rural America," ANA Clinical Sessions: ANA 1974 San Francisco (New York: Appleton-Century-Crofts, 1973), p. 57.

Referrals are made when appropriate and follow up service is provided along with counseling, health education, and home visits for illnesses and emergencies.³⁹

More thinking needs to be given to what information is wanted for intelligent planning of ambulatory patient care, and who is to be responsible for getting it, for doing essential patient teaching, and for following through with conferences and referrals.⁴⁰

³⁹ Catherine F. Dwyer, B.S.N., "On Site Nursing Services for Elderly Residents; Being Involved: A Look at the R.N. in an Ambulatory Health Program for the Elderly in a Multiple Housing Facility for Senior Citizens," ANA Clinical Sessions: ANA 1972 Detroit (New York: Appleton-Century-Crofts, 1973), p. 57.

⁴⁰ Schwartz, Henly, and Zeitz, op. cit., p. 193.

CHAPTER III

METHODOLOGY

In this descriptive field study, social, emotional, and health needs of the elderly were identified by asking forty-three questions in conjunction with a personal interview. After the data was collected, it was tabulated to find the frequency of similar responses to the various questions and the results were compared to the findings of Karen Ward's 1976 study, identifying social and emotional needs of nursing home patients.

SURVEY POPULATION

It was not possible to do any type of random sampling since there is not a list of all the people in Bozeman over the age of 65 available. Since the people interviewed were going to be compared to people living in a nursing home, older people with health problems were sought, but not all the people interviewed did have health problems.

Twenty-three people between the ages of 65 and 90 were interviewed. The Human Resource Development Council (HRDC) had done a survey to find elderly people in need of homemaker services. Nine of the people used in this study were referrals from the HRDC survey. The HELP Center referred four people to the study and the other nine people interviewed were friends of the people referred by HRDC and the

HELP Center.

PROCEDURE

Prior to the personal interview, each subject was contacted by phone and an appointment made for the interview. The majority of people contacted were willing to take part in the study, although there were three who were not, making the comments: "I'm not well and would rather not be bothered," "It wouldn't benefit either of us to have this interview," and "I'm just too busy to find the time."

Upon arrival at the subject's home, the researcher again identified herself and explained the purpose of the study. After having a brief social encounter with the subject, she then began asking the questions. Length of time to answer the questions ranged from forty minutes to one and a half hours. Length of time varied according to the degree to which the respondent talked about extraneous subjects.

INTERVIEW GUIDE

The interview guide (see Appendix) was composed of forty-three questions. Twenty-two of the questions on the guide were taken from Karen Ward's study to facilitate a later comparison. Questions on the guide were concerned with living arrangements, eating patterns, sleep patterns, leisure time activities, contact with friends and relatives,

general life satisfaction, health problems and care, religion, finances, and suggestions as to how nurses could be more helpful to the elderly.

For the purposes of analysis, the questions have been categorized under the following topics:

Satisfaction with living arrangements	Questions 1-3
Diet and eating patterns	Questions 4-8
Sleep	Question 9
Activities	Questions 10-14
Passing of time	Question 15
Preference for being alone	Questions 16-17
Religion	Question 18
Relatives and Friends	Questions 19-24
Satisfaction with life	Question 25
Finances	Questions 26-27
Health	Questions 28-33
Dental Health	Question 34
Medications	Questions 35-37
Nursing Needs	Questions 38-39
Federal Health Programs	Question 40
Senior Citizen Activities	Question 41
Community Helpfulness	Questions 42-43

CHAPTER IV

ANALYSIS OF DATA

AGE, SEX, AND MARITAL STATUS

The population studied consisted of twenty-three people between the ages of 65 and 90, none of whom were employed. All of the people interviewed maintained their own homes, were Caucasian, and resided within the city limits of Bozeman. Of the three men and twenty women who took part in the study, one person (4 percent) was single, one (4 percent) was divorced, four (17 percent) were married, and seventeen (74 percent) were widowed. Eighteen (78 percent) of the respondents were living alone while five (22 percent) had one relative or spouse also living in the home. This differs from national figures in which 24.5 percent of the aged live alone and 67 percent live in family situations. Table 1 shows the distribution according to sex, marital status, and number of people in the home.

Some of the answers to questions on the interview guide have been grouped together in analyzing the data. The questions to which the following data pertain will appear under the topic headings. These questions were taken from Karen Ward's study and were asked so that a comparison could be made between nursing home patients and private residents. (See interview guide in Appendix,)

Table 1. Age, Sex, Marital Status, and People in Household

Age	Sex	Marital Status	Other People Living in Home
65	F	W	
65	F	D	
65	F	W	
65	F	W	
66	F	W	
68	F	W	
68	F	W	
70	F	W	
72	F	M	Husband
72	F	W	
73	M	M	Wife is in nursing home
73	F	W	Granddaughter
75	F	W	
77	F	M	Husband
77	F	W	
78	F	W	
81	F	W	
82	M	W	
82	F	W	
85	F	S	
85	F	W	
86	F	W	Daughter
90	M	M	Wife

SATISFACTION WITH LIVING ARRANGEMENTS

(Questions *1, 2, and *3)

Satisfaction with living arrangements was determined by asking if the person had adequate privacy, too much or too little time to himself, and if he found his living arrangements generally satisfactory.

All of the twenty-three participants reported that they had adequate privacy.

Twenty-two (96 percent) stated that the time they had to themselves was "about right." One 65 year old widow replied that she didn't know what to do with herself and had too much time to herself. She was visibly depressed, frequently bursting into tears as she talked.

Twenty-one (92 percent) responded that they found their living arrangements generally satisfactory. One 85 year old woman gave a qualified yes, saying that it was hard for her to keep up her house by herself, and that she felt the need to move to a small apartment. One 70 year old widow stated that she was dissatisfied with the retirement apartment building she was living in and that she was in the process of buying a condominium. This was a very active woman who felt she had little in common with the other retired people in the apartment building.

DIET AND EATING PATTERNS

(Questions 4, 5, 6, 7, and 8)

Questions were asked concerning eating habits, diet, difficulty in preparing meals, and difficulty in shopping for groceries. These questions were asked in an effort to determine if adequate nutrition was in fact a health need among this population.

Seventeen (74 percent) responded that they usually eat alone. Three (13 percent) responded that they usually eat with their spouse. One widow (4 percent) responded that she eats alone except for breakfast and weekends at which time she eats with her daughter who lives with her. One woman (4 percent) replied that she usually had one meal a day with friends in or out of her home, and another woman (4 percent) replied that she ate 50 percent of her meals outside of the house, usually with friends.

Twelve people (52 percent) said that they eat three regular meals a day now and have always eaten this way. Six people (26 percent) responded that they used to have three meals a day but now are in the habit of having two. Two (8 percent) people said that they had frequent snack meals throughout the day and have always eaten this way. Two (8 percent) said that in the past they ate three meals a day, but now eat more frequently because of digestive problems. One man said that he eats three meals a day now but had more frequent meals in the

past when he used to do farm work.

Subjects were asked what kinds of food they are most frequently and to list everything that they had eaten the previous day. To roughly estimate whether they had an adequate diet, their diet was then analyzed to see if it included two protein foods, one fruit, one green vegetable, a cereal product, and a milk product. Some of the people interviewed listed the foods they usually ate but didn't report everything they had eaten for the previous twenty-four hours which made it difficult to accurately assess what was normally eaten in a twenty-four hour period. Because of this, the accuracy of their reported food intake is questioned. From what was reported, one person (4 percent) was deficient in protein, five (22 percent) in green vegetables, four (16 percent) in milk products, and two (8 percent) in fruit.

Only seven people (30 percent) were able to drive themselves to the store to do their grocery shopping. The remaining sixteen (70 percent) relied on friends and relatives for help, took the senior citizen mini bus, took a taxi, walked to the store and carried the groceries home, or ordered their groceries by telephone through Heeb's, the only grocery store in town which has a free delivery service. Some people used several of these means to do their shopping. The number of people using these various means is reported in Table 2.

Table 2. Means of Shopping for Groceries.

Means	People
Heebs	9
Relatives	7
Friends	1
Taxi	1
Walk to Store	2
Mini bus	1
Drive self	7

Only four people (17 percent) said that they had difficulty in preparing meals. Reasons given were "pain in eyes," "poor eyesight," and "not feeling up to it." Some of the ways of compensating for this problem were to eat leftovers, sandwiches, TV dinners, and to have Meals on Wheels, a program where hot meals are delivered to homes for a minimum cost.

Questions were asked concerning the Meals on Wheels and Walk in Meals programs to determine what help this is providing for older people in the community. Thirteen (57 percent) of the people responded that they thought these were good programs for people who needed them but that they had never needed to avail themselves of these programs. Twelve (52 percent) had availed themselves of these programs at some time and five (21 percent) are now using these programs on a regular basis. Four (17 percent) who had tried Meals on Wheels were

dissatisfied with the meals stating that the meals were either too starchy, greasy, or both. Three (13 percent) had used the Meals on Wheels in the past when they had been ill or were in the process of moving but no longer felt the need for this program. Two are presently using Meals on Wheels four times a week instead of five because they don't like the fish that is served on Friday.

SLEEPING

(Question *9)

Fifteen (65 percent) reported that they at times had difficulty sleeping. Of this number, two (8 percent) took sleeping pills nightly, four (17 percent), occasionally, and nine (39 percent) never took sleeping pills. One woman said that she did not have a problem getting to sleep as she took sleeping pills nightly. Some attested to reading, eating, walking around, and taking aspirin or Tylenol in trying to get to sleep.

ACTIVITIES

(Questions *10, *11, *12, *13, and *14)

In order to find out how people occupied their time, an open ended question was asked regarding what people did with their time. Questions were also asked pertaining to favorite activities and activities in which they no longer engaged. All of the twenty-three

respondents (100 percent) said that they were up for most of the day, although some of them occasionally took a nap.

The activities most frequently engaged in are listed in Table 3. Although many people said that they occasionally watched television, this was restricted to a night time activity for most of these people. Only one woman reported that she had the television on throughout the day.

When asked if there were activities that they no longer engaged in that they used to enjoy, nineteen (82 percent) listed some activities. Table 4 lists the activities of these nineteen people and the reasons why these activities are no longer engaged in. The majority of reasons given relate to health or physical condition.

Table 3. Most Frequently Engaged in Activities

Activity	People Reporting Activity
Chat with friends	17
Television	17
Housekeeping	9
Reading	9
Taking walks	8
Cooking	7
Letter writing	5
Radio	4
Sewing	4
Crocheting and knitting	4
Fishing	3
Gardening	3
Article, prose, and book writing	3
Talking records	2
Bridge	2
Crossword puzzles	1
Car rides	1
Cribbage	1
Traveling	1
Listening to music	1
Visit wife in nursing home	1
Embroidery	1
"Nothing"	1

Table 4. Activities No Longer Engaged In

Activity	Reason for Not Engaging in Activity
Artwork, crafts, sew, drive	Health, poor eyesight
Horseback riding and outdoor sports	Health - amputated leg
Take walks and garden	Health
Getting out in car	Health
Mountain climbing and swimming	Health
Dancing, playing cards, going out	Health
Housekeeping and sewing	Health
Walk uptown and reading	Health
Practice archery	Health
Baking	No one to bake for now
Hunting and fishing	Lack of time because of visits to wife in nursing home
Picnic in mountains	No transportation
Hand embroidery and knitting	"Makes me too nervous"
Embroidery and hobbies	Too busy doing things for others
Go out more, have more company, and garden	Lives in apartment now and doesn't like to drive
Sewing and needle work	Too shaky now
Travel	Doesn't want to anymore
Outside work	Doesn't want to anymore
Crochet and fancy work	Doesn't want to anymore

The activities giving people the most satisfaction are listed in Table 5. Four people (17 percent) listed helping other people in some way as giving them the most satisfaction.

Table 5. Activities Giving People the Most Satisfaction

Activity	Number of People
Helping others	4
Reading	3
Visiting friends and relatives	3
"All of them"	3
Television	3
Cooking	2
Crocheting and knitting	2
Writing books and composing poetry	2
Going to church	2
Listening to music	1
Writing letters	1
Talking books	1
Taking walks	1
My house	1
Fishing	1
"Doing nothing"	1

PASSING OF TIME

(Question *15)

When asked if time passed quickly or hung heavy, twenty (87 percent) replied that time passed quickly. Two (8 percent) replied that it passed slowly, and one (4 percent) replied that it sometimes passed slowly and sometimes passed quickly. Several people said that time seemed to go by more quickly as one gets older.

The one woman who previously stated that she had too much time to herself responded that time passed quickly. The three people saying time passed slowly or "in between" had previously stated that the time they had to themselves was about right, which seems to indicate some inconsistency of responses.

PREFERENCE FOR BEING ALONE

(Questions *16 and *17)

To determine if these people appeared to be disengaging, they were asked if they preferred doing things alone or with others in the past and if they presently felt the same way.

Twelve people (52 percent) said that they preferred activities with others in the past and still feel that way. Six (26 percent) said that they preferred activities alone in the past and maintained this preference. Five (22 percent) preferred activities with others in the

past and now prefer activities alone, tending to support disengagement theory.

RELIGION

(Question *18)

Participants in this study were asked what their religion was and whether they were practicing. One person responded that her religion consisted of her personal convictions and another that she believed in reincarnation. Twelve (52 percent) responded that they were actively practicing their religion. According to the literature, active religious affiliation is related to successful adjustment in old age. See Table 6.

Table 6. Church Affiliation

Religion	Practicing	Not Practicing
Presbyterian	3	2
Methodist	2	1
Catholic	3	1
Lutheran	1	2
Community	1	
Baptist	1	
Nazerene	1	
Protestant		2
Christian		1

RELATIVES AND FRIENDS

(Questions *19, *20, *21, *22, 23, and 24)

All of the people in this study had living relatives and seventeen (74 percent) had children living. Twenty (96 percent) maintained contact with relatives living at a distance through telephone and letters. Table 7 shows the frequency of contact with relatives and neighbors.

Table 7. Frequency of Contact with Neighbors and Relatives

	Frequently	Occasionally	Seldom	Never
Relatives	12 (52%)	7 (30%)	4 (17%)	
Neighbors	16 (70%)	4 (17%)	2 (8%)	1 (14%)

Sixteen (70 percent) said that overall they had more contact with friends than with relatives while four (17 percent) said they had more contact with relatives and three (13 percent) said they had equal contact with friends and relatives.

Twenty-one (92 percent) said that there was usually someone available to talk with when they felt like talking, although the telephone was often the means they used for talking with someone. All twenty-three did have telephones in their homes. Two people reported that someone was not usually available when they had a need to talk.

SATISFACTION WITH LIFE

(Question *25)

Eleven (48 percent) reported that they were very satisfied with their lives as they are right now. Comments made by these people were:

"I wouldn't need it better."

"Life is just wonderful."

Twelve (52 percent) reported that they were fairly satisfied with their lives. Comments made by these people were:

"I'm kind of bored with my husband so sick."

"If I were well, I would be very satisfied."

"It's awfully hard to adjust to living alone."

"Would feel real good if my nerves would only calm down."

"I still miss my husband."

"Life isn't the same without my husband and never will be."

"I get along all right."

"It's the best I can do in view of my health."

FINANCES

(Questions *26 and 27)

Eighteen (78 percent) said that they didn't have any financial worries when questioned. Comments made by these people were:

"I have enough to get by."

"I have to be careful."

"I don't have too bad worries about money."

"I have a legal guardian, my nephew, who looks after things."

Five (21 percent) said that they did have financial worries and made the following comments:

"I was recently in the hospital for five months and am paying off my \$1700 bill with my social security income."

"Naturally I have worries what with paying \$700 a month for my wife in a nursing home."

"Who doesn't have financial worries?"

"I have lots of them. I just had oral surgery which cost \$1100."

"I worry about having enough money to live on."

When asked about their annual income, three (13 percent) did not wish to reveal this, making the comments:

"It's enough to get by on."

"It's substantial."

"I don't have to worry."

The other twenty (87 percent) listed annual incomes ranging from \$2,000 to \$15,000 with a median income of \$3,500. Incomes are reported in Table 8. It is interesting to note that only five people complained of financial worries in view of the low reported median income as medical expenses for this aged group are normally high.

Table 8. Income

Income	Number of People
\$2,000 - \$2,999	5
\$3,000 - \$3,999	6
\$4,000 - \$4,999	3
\$5,000 - \$5,999	0
\$6,000 - \$6,999	2
\$7,000 - \$7,999	3
\$8,000 - \$14,999	0
\$15,000	1

HEALTH

(Questions *28, *29, *30, 31, 32 and 33)

Participants in the study were asked if they worried about their health, if their health kept them from engaging in activities, and if so, how important the restriction of activities was to them in their daily lives.

Thirteen (56 percent) responded that they did not worry about their health. Of the thirteen, only three did not have any health problems. Table 9 shows the health problems, limitations imposed by the problems and importance of these limitations to these ten individuals with health problems.

Table 9. Health Problems and Limitations of People Not Worried About Their Health

Health Problem	Activity Unable to Engage In	Importance of Restrictions
Spastic colon	Potluck dinners	Little
Arthritis and diverticulitis	Walking outdoors	Little
Cancer and arthritis	Driving, dancing, travel	Very
Arthritis	Unable to walk without walker	Fairly
Poor eyesight	Driving	Fairly
Feet cramping	Walking and traveling	Fairly
Hiatal hernia, diabetés, angina	None	None
Coronary artery disease, Poor eyesight	Driving	Fairly
Damaged heart valve	Tires easily	Little
Diabetes, poor eyesight	Driving, artwork, reading	Very

Ten (43 percent) said that they did worry about their health. Table 10 presents these health problems, the imposed limitations, and the perceived importance of these limitations. It is interesting to note that there does not appear to be a significant difference in the severity of illness or restrictions imposed by poor health between the groups of people who worry and don't worry about their health.

A total of eighteen (78 percent) reported that their health kept them from doing things which they would like to do. Of this

number, one stated that the changes in his life were of no importance, nine of little importance, four of moderate importance, and four, very important.

Table 10. Health Problems and Limitations of People Worried About Their Health

Health Problem	Activity Unable to Engage In	Importance of Restrictions
Parkinson's disease		
Coronary artery disease	None	Little
Leg amputee	Dancing and hiking	Little
Cancer	Tires easily, hard to talk	Little
Coronary artery disease	Tires easily	Little
Herpes, eye pain	Most activities	Very
Parkinson's disease	Getting out and archery	Very
Cancer	Work	Little
Nerve problem, cataracts	Driving in winter	None
Arthritis	Taking walks	Little
Nerves and poor healing of broken leg	None	None

Eighteen (78 percent) are presently under a doctor's care for a health problem while five (22 percent) reported that they are not. Frequency of doctor's visits ranged from once a month to once every twelve years as shown in Table 11.

Table 11. Frequency of Visits to Doctor

Frequency	Number of People
1 Month	5
2 Months	3
3 Months	1
4 Months	4
6 Months	2
1 Year	7
12 Years	1

All twenty-three (100 percent) said that they were satisfied with the medical care which they received.

DENTAL HEALTH

(Question 34)

Eleven (48 percent) said that they did not have any dental problems. Eight people (35 percent) said that they had no dental problems and had dentures. Comments by the remaining four (17 percent) were:

"My teeth are terrible, but I just forget about them as I can't afford to go to a dentist."

"I recently had surgery on my gums and have to get dentures to fit now."

"I had all my teeth out and got new dentures but they don't fit."

"I don't have any teeth and don't want any either as the dentures I used to have only gave me problems."

The literature suggests that dental problems among the aged often contribute to poor nutrition. It was surprising to find only 17 percent who complained of dental problems.

MEDICATIONS

(Questions 35, 36, and 37)

Seventeen (74 percent) were taking from one to seven medications prescribed by a doctor. Nine of these people knew what these medications were for but did not know the names of their medications. Eight of the people knew both the names and the uses of their medications.

Seven (30 percent) said they never used non prescription medications. The non prescription medications the other sixteen (70 percent) used included aspirin, Tylenol, Bufferin, Anacin, Galviscon, Excedrin PM, Nitol, and laxatives.

Six (26 percent) took multivitamins, one (4 percent), took B-complex, and one (4 percent) took Vitamin E on a daily basis.

NURSING NEEDS

(Questions 38 and 39)

When asked if they had any health problems which a nurse visiting them in their homes could help them with, four (17 percent) replied that they already had a nurse visiting them at home. Two were visited by a public health nurse who monitored their blood pressure, one was visited by her doctor's nurse who checked on her diabetic status, and one was visited by a nursing student from M.S.U. who marked her insulin syringes so that she could read them with her poor eyesight.

Two (8 percent) not having home nurse services, replied that they would like a nurse to visit them in their homes; one, to have her blood pressure taken, and the other to have the bunions and corns on her feet cared for.

Another woman commented: "Lots of people need help once in awhile but can't get it - like when they come home from the hospital."

When asked for suggestions as to how nurses could be more helpful to older people, eighteen people (78 percent) could not come up with any suggestions. Two (8 percent) recommended that nurses provide more home care. Three (13 percent) people made the following comments:

"They could visit them."

"They could visit them and take their blood pressure."

"Nurses and doctors blame too much on age when that's not the problem at all - the real problem is hypochondriasis!" (The woman making this last statement was in the process of moving from an apartment in a retirement center to a condominium.)

FEDERAL HEALTH PROGRAMS

(Question 40)

When asked if they thought that Federal health programs such as Medicare were adequate to meet the needs of old people, fourteen (61 percent) replied yes and nine (39 percent) replied no. Comments made by people saying yes include:

"I don't think that the government should pay for everything."

"It's terrible the way medicare is abused."

Comments by people saying no include:

"More time should be allowed in the hospital on medicare as most people can't afford extended care."

"Medicare doesn't do near what they promise you."

"It could be better."

"I'd like to see socialized medicine."

SENIOR CITIZEN ACTIVITIES

(Question 41)

When asked if local social programs for senior citizens were adequate, eighteen (78 percent) replied that they didn't really know as they weren't interested in participating in them. Of the remaining 22 percent, two (9 percent) replied yes, except for the building for the senior citizen's center being inadequate with many steps to climb, and three (13 percent) replied no because of the building being inadequate.

COMMUNITY SUPPORT

(Questions 42 and 43)

When asked if there were ways in which people in the community were helpful to older people, six (26 percent) replied that they had helpful neighbors. One (4 percent) listed the public health nurse visiting, one (4 percent) listed the lower taxi fares for older people, and one (4 percent) listed belonging to a writer's group as having been helpful.

When asked if people were not helpful in some manner, one (4 percent) replied, "They never come to see me." Three (13 percent) mentioned some difficult neighbors, and one (4 percent) mentioned dogs coming into her yard.

COMPARISON OF PEOPLE LIVING IN PRIVATE HOMES TO
PEOPLE LIVING IN A NURSING HOME

A second purpose of this study was to compare the social and emotional needs of the elderly living in a private setting to those living in an institutional setting to see how these needs are similar or different.

The data used for this comparison comes from Karen Ward's 1976 study of twenty-three patients living in a Bozeman convalescent center.

COMPARISON OF SEX, AGE, AND MARITAL STATUS

Table 12 presents the sex and marital status, and Table 13, the age of the people in these two studies. There was a significant difference in age between the people in these two studies, the nursing home patients being considerably older, which could account for some of the differences found between these two groups of people.

To differentiate between the two groups in these studies, the initials N.H. will be used for the nursing home patients and the initials P.R. for the group of people maintaining private residences.

Table 12. Comparison of Sex and Marital Status

	Sex		Marital Status			
	Male	Female	M	S	D	W
N.H.	6(26%)	17(74%)	0	2(8%)	1(4%)	20(87%)
P.R.	3(13%)	20(87%)	4(17%)	1(4%)	1(4%)	17(74%)

Table 13. Comparison of Age

	65-69	70-74	75-79	80-84	85-89	90-95
N.H.	1(4%)	1(4%)	2(8%)	8(35%)	7(30%)	4(17%)
P.R.	7(30%)	5(22%)	4(17%)	3(13%)	3(13%)	1(4%)

SATISFACTION WITH LIVING ARRANGEMENTS

(Questions 1 and 3)

More private home residents were satisfied with their living arrangements and perceived adequate privacy than did nursing home patients. The two private residents who were dissatisfied with their living arrangements were in the process of making new arrangements.

Twenty-one (92 percent) private residents were satisfied with their living arrangements as compared to nineteen (82 percent) nursing home patients. Twenty-three (100 percent private residents and twenty-one (92 percent nursing home residents perceived adequate privacy.

SLEEPING

(Question 9)

Difficulty in sleeping at night was found to be a problem in the majority of both nursing home patients and private home residents. More than twice as many nursing home patients took nightly sedatives as did private home residents. (See Table 14.)

Table 14. Comparison of Sleep Problems

	N.H.	P.R.
People with problem sleeping	13 (57%)	15 (65%)
Poor sleepers taking nightly sedatives	4 (17%)	2 (8%)
Poor sleepers taking occasional sedatives	0	4 (17%)
Those taking nightly sedatives who deny a problem sleeping	4 (17%)	1 (4%)

ACTIVITY LEVEL

(Questions 10 - 14)

Private residents were found to be more active than nursing home patients as shown in Table 15.

Table 15. Activity Level

Activity Level	N.H.	P.R.
Up most of day	18 (78%)	23 (100%)
Up half of day	4 (17%)	
In bed most of day	1 (4%)	

In Table 16, the nine most frequently engaged in activities of each group is presented. Table 17 presents the activities from which people gained the most satisfaction. Some people listed several activities as the ones they enjoyed most.

It is interesting to note the similarity found in the two groups as to favorite leisure activities. The private residents gave more variety in listing favorite activities which might be attributed to more choices available to them as well as to different interviewing techniques.

Twenty-three (100 percent) of the nursing home patients and nineteen (82 percent) of the private home residents said that there were activities that they used to enjoy doing that they no longer did. Physical inability due to poor health was the most common reason among both groups for no longer engaging in these activities.

Table 16. Comparison of Most Frequently Engaged in Activities

Activity	N.H.	P.R.
Chatting with others	22 (96%)	17 (74%)
Walks	19 (82%)	8 (35%)
Television	14 (61%)	17 (74%)
Radio	14 (61%)	4 (17%)
Letter Writing	13 (57%)	5 (22%)
Resting alone	23 (100%)	1 (4%)
Parties	8 (35%)	
Games	8 (35%)	
Housekeeping		9 (39%)
Cooking		7 (30%)
Sewing		4 (17%)

Table 17. Comparison of Favorite Leisure Activities

Activity	N.H.	P.R.
Chatting with others	4 (17%)	3 (13%)
Reading	3 (13%)	3 (13%)
Television	3 (13%)	3 (13%)
Resting alone	6 (26%)	1 (4%)
Walks	3 (13%)	1 (4%)
Cooking	1 (4%)	2 (8%)
Hobbies	2 (8%)	
Parties	1 (4%)	
Praying	1 (4%)	
Helping others		4 (17%)
"All my activities"		3 (13%)
Church		2 (8%)
Crocheting and knitting		2 (8%)
Book and poetry writing		2 (8%)
Listening to music		1 (4%)
My house		1 (4%)
Fishing		1 (4%)
Talking books		1 (4%)

PASSING OF TIME

(Question 15)

As shown in Table 18, twice as many private home residents felt that time passed quickly as did nursing home patients.

Table 18. Comparison of Passing of Time

Hangs Heavy		Passes Quickly		Both	
N.H.	P.R.	N.H.	P.R.	N.H.	P.R.
8 (35%)	2 (8%)	10 (43%)	20 (87%)	5 (22%)	1 (4%)

PREFERENCE FOR BEING ALONE

(Questions 16 and 17)

Preference for being alone in the past and the present was very similar for the nursing home and private home residents. Fifty-two percent of both nursing home patients and private home residents preferred doing things with others in the past and still have this preference. Twenty-two percent of nursing home patients and twenty-six percent of private home residents preferred activities alone in the past and still feel this way. Twenty-six percent of nursing home residents and twenty-two percent of private home residents who previously enjoyed activities with others more now have a preference for being alone.

RELIGION

(Question 18)

The majority of both nursing home patients and private home residents had a Protestant religious background. Sixty-one percent of nursing home patients said that they are still practicing their religion and fifty-two percent of private residents said that they are active participants in their religion.

RELATIVES

(Questions 19-22)

All of the people in both studies had living relatives but only nine (39 percent) of the nursing home patients had living children as compared to seventeen (74 percent) of the private residents.

As shown in Table 19, nursing home patients have less contact with relatives than do private home residents. Twenty-two (96 percent) of the private residents maintained contact with relatives living at a distance as compared to seventeen (74 percent) of the nursing home respondents.

Twenty-one private residents (92 percent) as opposed to sixteen (70 percent) nursing home patients stated that there was usually someone available to talk with when they felt like talking.

Table 19. Comparison of Visits With Relatives

Frequently		Occasionally		Seldom		Never	
N.H..	P.R.	N.H.	P.R.	N.H.	P.R.	N.H.	P.R.
9(39%)	12(52%)	7(30%)	7(30%)	6(26%)	4(17%)	1(4%)	0

FINANCES

(Question 26)

Seventy-eight percent of both nursing home patients and private residents stated that they did not have any financial worries. Of the five nursing home residents with financial worries, four had neither children nor close immediate family. Three of the five private residents with financial worries, listed hospital and medical bills as being a problem.

HEALTH

(Questions 28-30)

Ten (43 percent) private residents and six (26 percent) nursing home patients responded that they did worry about their health. Perhaps more private residents worried about their health because they feared ending up in nursing homes as several private residents expressed this fear.

Eighteen (78 percent) private residents and fifteen (65 percent)

nursing home patients stated that their health kept them from doing things that they like to do. Table 20 shows what importance the respondents attached to the changes due to health in their lives.

Table 20. Comparison of Importance of Changes in Life Due to Health

None		Little		Moderate		Very Much	
N.H.	P.R.	N.H.	P.R.	N.H.	P.R.	N.H.	P.R.
8(35%)	6(26%)	3(13%)	9(39%)	8(35%)	4(17%)	4(17%)	4(17%)

CHAPTER V

SUMMARY, FINDINGS, AND RECOMMENDATIONS

SUMMARY

Twenty-three people between the ages of 65 and 90 were interviewed in order to assess what they viewed their social, emotional and health needs to be. This was done by asking forty-three questions during a personal interview. Data was gathered pertaining to satisfaction with physical environment, activity preferences, interpersonal relationships, health and financial problems, and adjustment to perceived problems.

The data was analyzed and then compared to results obtained from a study of 23 nursing home patients in which social and emotional needs of nursing home patients had been identified.

FINDINGS

1. From the information reported to this researcher, the majority of private residents had an adequate diet. When the diet was inadequate, lacking most were green vegetables, milk products, fruit, and protein foods, in that order.

2. The majority of people interviewed depended on help from friends, relatives, and community services to do their grocery shopping. Half had at one time used the Meals On Wheels or Walk In Meals programs

for senior citizens, and twenty percent are currently using these programs on a regular basis.

3. Although all of the private residents maintained some personal contact with relatives, two-thirds said that they had more frequent contact with friends than with relatives.

4. A fourth of the private home residents admitted to having financial worries. Medical and hospital expenses was the most frequently stated financial problem.

5. Although three-fourths of the private home residents had their activities restricted due to poor health, the majority of these people appeared to have adjusted to their limitations and appeared resigned to their situations.

6. A third of the private home residents had dentures, slightly less than half reported no dental problems, and the remainder listed improperly fitting dentures and inability to pay for dental work as problems.

7. Three-fourths of the private home residents were regularly taking prescription drugs. Although all of this group knew what their medications were for, only half knew the names of medications that they were taking. Almost a third said that they never took non prescription drugs, and a third reported taking vitamins daily.

8. Seventeen percent of the private home residents presently have a nurse visiting them at home. An additional eight percent said

that they would like a nurse to visit them in their homes. The only suggestions given as to how nurses could be more helpful to older people was to have the nurses visit them more often.

9. Sixty-one percent of the people thought that Federal health programs for older people were adequate and thirty-nine percent thought that these programs were inadequate.

10. Seventy-eight percent were not interested in participating in local senior citizen activities and did not comment on these activities. The remaining twenty-two percent commented on the senior citizen's building being inadequate because of its many steps.

11. Friendly neighbors, nurses' home visits, low taxi rates for senior citizens and membership in a local writer's club were given as ways in which the community had been helpful to them as older people.

Comparison of Private Residents With Nursing Home Residents

1. Satisfaction with living arrangements was higher among private home residents than nursing home patients. Those private residents who were dissatisfied with their living arrangements were in the process of changing them whereas the nursing home residents who were dissatisfied did not have this opportunity to change their physical setting.

2. The majority of both the nursing home patients and private

home residents complained of having problems sleeping at night although the incidence of taking nightly sedatives was more than twice as high among the nursing home residents.

3. As would be expected, private home residents had a higher level of activity than nursing home patients. The most frequently engaged in activities among both of these groups were quite similar, centering around areas of verbal and written communication, reading, television, radio, and walks. They differed in that private residents frequently engaged in household activities whereas nursing home patients said that they frequently rested alone and occasionally engaged in planned parties and games. Private residents appeared to gain considerable satisfaction from household activities and helping other people.

4. Private home residents were twice as likely to view time as passing quickly as were nursing home residents.

5. A fourth of both private home and nursing home residents said that they enjoy keeping to themselves more now where in the past they enjoyed activities with others more.

6. Private home residents had more contact with relatives than did nursing home residents.

7. The incidence of general satisfaction with life was significantly higher among private residences than among nursing home patients.

RECOMMENDATIONS

1. It is recommended that a large study of older people's social, emotional and health needs be done with random sampling employed. Similar studies should be done in urban and rural areas so that the results could then be compared.

2. Since many of the elderly have incapacities which prevent them from being completely self sufficient, home care facilities should be expanded to help keep these people in their own homes and out of nursing homes. Community services such as Meals On Wheels, Walk In Meals, Senior Citizen's Mini Bus, Grocery Home Delivery, and daily calls from the Help Center's Telecare program should be encouraged as some of the elderly are greatly helped by these services.

3. Since difficulty in sleeping seems to be such a common problem among the aged, more research should be done in this area to help find more creative and therapeutic methods of relief from this problem than the use of nightly sedatives.

4. Since a considerable number of the elderly said that they derived much satisfaction from helping others, programs such as Retired Senior Volunteer Program (R.S.V.P.) should be expanded to include the home-bound as volunteers. The home-bound could be used to help others through telephone service.

5. Programs should be initiated early in adult life to make people aware of the financial and social adjustments to be expected

at retirement so that people can start planning for retirement early in life.

6. Federal health programs should be expanded to help those people who, because of lack of finances, are not getting the medical and dental care they need.

7. Studies should be done to explore programs for helping the elderly to meet their social and emotional needs. These programs should focus on activities which are consistent with the elderly person's life style.

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APPENDIX

APPENDIX

INTERVIEW GUIDE

*These questions were taken from Karen Ward's study.

* 1. Do you feel that you have enough privacy?

2. Do you feel that the time you have to yourself is:

a) too little, b) too much, c) about right.

* 3. Do you find your living arrangement generally satisfactory? a) Yes, b) qualified yes, c) no, d) qualified no.

4. Do you generally eat alone or with someone?

5. What kinds of foods do you eat most? What did you eat yesterday? How many times do you eat a day?

6. Do you have any difficulty in getting out to do grocery shopping? If yes, how is this usually accomplished?

7. Do you have any difficulty in preparing meals?

8. Are you acquainted with the Walk In Meals hot lunch program and with the Meals On Wheels program? What do you think of these programs?

* 9. Do you have trouble getting to sleep at night? If yes, or sometimes, what helps you to get to sleep?

*10. Are you usually:

a. up all day except to nap briefly

b. up at least half the day

c. up for an hour or two each day

d. in bed for most or all of the time

*11. What do you generally do with your spare time?

*12. What did you used to enjoy doing that you don't do now?

*13. Why can't you do these things anymore?

*14. Of all the activities you mentioned, what gives you the most satisfaction?

*15. In general, do you feel that time hangs heavy or passes quickly?

*16. Thinking back over the years, would you say that in the past you usually preferred to do things with others or keep to yourself?

*17. Do you still feel that way?

*18. What is your religion? Are you practicing?

*19. When you feel like talking to someone, is someone usually available?

*20. Do you have any living relatives?

*21. How often do you see them? a) seldom, b) occasionally, c) frequently, d) never.

*22. Do you communicate with the ones you don't see?

23. How often do you see your neighbors? a) seldom, b) occasionally, c) frequently, d) never.

24. Would you say that you have more contact with relatives or with friends not related to you?

*25. All in all, how satisfied do you feel with your life these days?

*26. Do you have any financial worries? If so, what are they?

27. What is your annual income?

*28. Do you worry about your health? If so, what are your worries?

*29. Do you feel that your health keeps you from doing things that you'd like to do?

*30. Do you think your sickness has changed your daily life? If yes, how important have these changes been? a) of no importance, b) of little importance, c) fairly important, d) very important.

31. Are you presently under a doctor's care for a health problem?

32. How frequently do you see a doctor?

33. Are you satisfied with the care which you receive?

34. Do you have any dental problems?

35. Are you presently taking any medication prescribed by a doctor? How many? Do you know the names of these medications and what they are for?

36. Do you take any non-prescription drugs? What are they?

37. Do you take vitamins daily? What kind?

38. Do you feel that you have any health needs which a nurse visiting you at home could help you to meet? If yes, what are they?

39. Do you have any suggestions as to how nurses can be more helpful to senior citizens?

40. Do you feel that federal health programs for senior citizens are adequate?

41. Do you feel that local social programs for senior citizens are adequate?

42. In what ways are people in this community helpful to you?

43. In what way are people in this community unhelpful?

